



**State of Vermont
Department of Labor and Industry
Passenger Tramway Board
Application for New Registration of Ski Lifts**

☐ New ☐ Modification X
☐ Winter ☐ Summer ☐ Nights

In accordance with the provisions of 31 V.S.A., Chapter 15, application is made for registration of the following described tramway.

Owner

Address

If corporation or partnership, give names and address of officers or partners.

Manager

Phone

Address

Tramway Name (i.e. Blue Lift, Little Spruce)

Tramway Type: ☐ T-Bar ☐ J-Bar ☐ Platter Pull ☐ Inclined Skier Conveyor ☐ Rope Tow ☐ Handle Tow

☐ Chair Lift 1 2 3 4 6 ☐ Two-Car Tramway

☐ Multi-Car Tramway # of Passengers Manufacturer

Design Engineer

Construction Engineer

Address Phone

Installed By Load Test Length (center line bullwheels)

Vertical Rise Design Capacity (people per hour)

Number of Carriers: Initial

Ultimate Maximum operating speed in feet per minute

Haul Cable: Size Type Date Installed

Track Cable: Size Type Date Installed

Bullwheel Diameter: Drive Return

Do the bullwheels comply with ANSI and State code requirements? ☐ Yes ☐ No

Tension Device Type: ☐ Counterweight ☐ Hydraulic ☐ Pneumatic ☐ Other

Counterweight Cable Diameter: Counterweight (lbs.)

Cable hanger attachment type: ☐ Fixed ☐ Detachable
 Manufacturer of hanger attachment _____ Date Built _____
 Maximum height of carriers above ground _____ feet
 Primary Drive type ☐ AC ☐ DC Manufacturer _____
 HP _____ Voltage _____ Running Amperage _____
 Auxiliary Drive: ☐ Gas ☐ Diesel ☐ Hydraulic Power Transmission Type _____
 Manufacturer _____ HP _____
 Auxiliary Drive: ☐ Gas ☐ Diesel ☐ Hydraulic Power Transmission Type _____
 Manufacturer _____ HP _____
 Back-up Drive type _____ Manufacturer _____
 HP _____ Voltage _____ Running Amperage _____
 Gearbox manufacturer and model number _____
 Give type and location of each brake system _____
 Are safety stops present and operable at all operator locations? ☐ Yes ☐ No
 Is electrical stop circuit normally a closed circuit? ☐ Yes ☐ No
 Type of two-way communications between operator stations _____
 Distance between power line and tramway structures _____ Voltage of line _____
 Are tramway towers and cables grounded? ☐ Yes ☐ No
 Is entire line visible by the attendants? ☐ Yes ☐ No
 Is proper signage posted? ☐ Yes ☐ No
 Is there a first-aid and emergency evacuation plan posted in each attendants station?
☐ Yes ☐ No
 Is there a first-aid and emergency evacuation plan filed with the department?
☐ Yes ☐ No
 Has there been a complete profile and lift construction document submitted to the department? ☐ Yes ☐ No
 Have there been any variances granted by the Vermont Passenger Tramway Board for the operation of this lift?
☐ Yes ☐ No If yes, please explain _____

I certify that to the best of my knowledge and belief the answers to the above questions are correct, that safety precautions are being taken, and qualified personnel are employed.

Owner

By

Office Use Only

Received

Rv

Amount

Tramway Number